**EVALUATION DATA REVIEW**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student:** |  | **Grade:** |  | **Age:** |  | **Review Date:** |  |

The (re)evaluation data review (which could be conducted without a meeting) should be made by the IEP team and other professionals for initial evaluation and reevaluation.

**The purpose of this evaluation review is:**

\_\_Initial Evaluation \_\_Parent Request \_\_Teacher Request \_\_Three year requirement

\_\_Other conditions warrant (list):

**Previous Evaluation Reports (Disciplines, Dates & Results):**

**Previous Eligibility Information (Date determined & Categories):**

**Current Teacher Input:**

**Current Behavior/Discipline Information:**

**Review of Student Record:**

**Current Grades:**

**Current Attendance:**

**Latest State- or District-Wide Testing:**

**Current Parent Input:**

**Other Considerations:**

**Based on the review:**

\_\_There is no need for an evaluation at this time

\_\_Student continues to be eligible for special education services and no additional data is needed

**OR**

**Based on a review of all referral information, potential areas of disability to evaluate are:**

\_\_500 Deaf-Blind

\_\_505 Emotional Disturbance

\_\_510 Cognitive Disability

\_\_515 Hearing Loss

\_\_525 Specific Learning Disability (Specify areas below)

\_\_530 Multiple Disabilities (Specify disability areas below)

Comments:

\_\_535 Orthopedic Impairments

\_\_540 Vision Loss/Blindness

\_\_545 Deafness

\_\_550 Speech/Language Impairment

\_\_555 Other Health Impaired (Specify impairments below)

\_\_560 Autism

\_\_565 Traumatic Brain Injury

\_\_570 Developmental Delay

Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_